

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

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CHILDCARE ASSISTANCE PROGRAM PROVIDER AGREEMENT

This is an agreement between the Little Traverse Bay Bands of Odawa Indians (*hereinafter referred to as LTBB*)
Childcare Assistance Program, and

_____ (*hereinafter called Provider*), License #:* _____

to provide day care services for:

_____ (*hereinafter called Parent/Guardian*).

The Provider attests that the Childcare setting for which I am providing services for is a:

☐ In My Home ☐ Group/Home Child Care, ☐ Center Based

Or attests that s/he is related to the parent or children providing services for and therefore claims: ☐ Relative Care

The Provider hereby agrees to abide by the childcare standards set forth by the State of Michigan, while providing services for the parent/guardian of the following children:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

The Provider agrees to provide to the parent/guardian the following:

- a) Unlimited access to children while in your care;
- b) Immediate notification of all problems or concerns regarding children in care;
- c) Assurances of a smoke-free environment while children are in your care.

The Provider agrees to abide by the Childcare Assistance Program reporting requirements and agrees to provide the LTBB Human Services Department with the following documents:

- a) Copy of current daycare license (*where applicable*)*
- b) W-9 Form (*signed, dated and business identification number or social security number provided*)*
- c) Accurate weekly timesheets (*signed by parent and provider and dated no earlier than the last day services are rendered*)

The Provider agrees to abide by the Childcare Assistance Program's mandated annual inspections (twice annually) by providing access to the childcare facility or home by an LTBB Human Services representative.

The Provider understands that upon receipt of weekly timesheets by the Human Services Department, the timesheets will be checked for accuracy and completeness and a determination will be made if parent and/or provider are in compliance with program requirements.

The Provider understands that payment for services rendered will be made payable directly to provider and that a 1099 form will be issued for tax reporting requirements at the end of each year.

The provider understands and agrees that in the event a parent fails to meet program requirements, and is determined to no longer be eligible to participate in the Childcare Assistance Program, the parent bears the sole responsibility for total payments due for all services rendered by the provider.

The provider understands that payment for services rendered are not covered by LTBB until the parent/guardian has been approved for program participation.

The provider agrees to abide by the terms listed in this agreement and will not attempt to defraud or, misrepresent any/all service or time reported to the LTBB Childcare Assistance Program. The provider further understands that LTBB reserves the right to prosecute for misrepresentation and/or fraud.

Provider Signature: _____ Date _____

-----DISCLAIMER-----

The Little Traverse Bay Bands of Odawa Indians (LTBB) Child Care Assistance Program operates on limited annual funding and is intended to assist in payment of day care service for qualified families. Based on program participation, LTBB does not promise or guarantee that funding will be available for the duration of the entire grant period. In the event that program funds become depleted LTBB will not be liable for day care expenses incurred by the program participant.